

## Chapter Med 18

### ALTERNATE MODES OF TREATMENT

Med 18.01 Authority, purpose and scope.

Med 18.02 Definitions.

Med 18.03 Communication of alternate modes of treatment.

Med 18.04 Exceptions to communication of alternate modes of treatment.

Med 18.05 Recordkeeping.

#### Med 18.01 Authority, purpose and scope.

(1) **AUTHORITY.** The rules in this chapter are adopted pursuant to authority in ss. 15.08 (5) (b), 227.11, and 448.40, Stats.

(2) **PURPOSE.** The purpose of the rules is to define the obligation of a physician to communicate alternate modes of treatment to a patient.

(3) **SCOPE.** The scope of the rules pertain to medical and surgical procedures which may be prescribed and performed only by a physician, as defined in s. 448.01 (5), Stats.

**History:** Cr. Register, September, 1983, No. 333, eff. 10-1-83; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1989, No. 401.

**Med 18.02 Definitions.** (1) “Emergency” means a circumstance in which there is an immediate risk to a patient’s life, body part or function which demands prompt action by a physician.

(2) “Experimental treatment” means a mode of treatment which has not been generally adopted by the medical profession.

(3) “Viable” as used in s. 448.30, Stats., to modify the term, “medical modes of treatment” means modes of treatment generally considered by the medical profession to be within the scope of current, acceptable standards of care.

**History:** Cr. Register, September, 1983, No. 333, eff. 10-1-83.

**Med 18.03 Communication of alternate modes of treatment.** (1) It is the obligation of a physician to communicate alternate viable modes of treatment to a patient. The communication shall include the nature of the recommended treatment, alternate viable treatments, and risks or complications of the proposed treatment, sufficient to allow the patient to make a prudent decision. In the communication with a patient, a physician shall take into consideration:

- (a) A patient’s ability to understand the information;
- (b) The emotional state of a patient; and,
- (c) The physical state of a patient.

(2) Nothing in sub. (1) shall be construed as preventing or limiting a physician in recommending a mode of treatment which is in his or her judgment the best treatment for a patient.

**History:** Cr. Register, September, 1983, No. 333, eff. 10-1-83.

**Med 18.04 Exceptions to communication of alternate modes of treatment.** (1) A physician is not required to explain each procedural or prescriptive alternative inherent to a particular mode of treatment.

(2) In an emergency, a physician is not required to communicate alternate modes of treatment to a patient if failure to provide immediate treatment would be more harmful to a patient than immediate treatment.

(3) A physician is not required to communicate any mode of treatment which is not viable or which is experimental.

(4) A physician may not be held responsible for failure to inform a patient of a possible complication or benefit not generally known to reasonably well-qualified physicians in a similar medical classification.

(5) A physician may simplify or omit communication of viable modes of treatment if the communication would unduly confuse or frighten a patient or if a patient refuses to receive the communication.

**History:** Cr. Register, September, 1983, No. 333, eff. 10-1-83.

**Med 18.05 Recordkeeping.** A physician shall indicate on a patient’s medical record he or she has communicated to the patient alternate viable modes of treatment.

**History:** Cr. Register, September, 1983, No. 333, eff. 10-1-83.